

Prophylactic Antibiotic Policy for General and Abdominal Surgery – NHS Lothian – September 2017

Procedure	Recommendation
Oesophagectomy Gastrectomy Gastro-enterostomy Gastric bypass Whipple's procedure Hepatectomy Pancreatectomy Small bowel surgery Appendicectomy Colorectal surgery	Gentamicin 2mg/kg plus Metronidazole 500mg plus Amoxicillin 1g**
Lap band	Gentamicin 2mg/kg plus Amoxicillin 1g**
Splenectomy Usual splenectomy prophylaxis needed post-op	If there are general risk factors*: Gentamicin 2mg/kg plus Amoxicillin 1g **
Cholecystectomy (laparoscopic) Specific risk factors: Bile spillage, acute cholecystitis/pancreatitis, jaundice, pregnancy, insertion of prosthesis	If there are general or specific risk factors*: Gentamicin 2mg/kg plus Amoxicillin 1g **
Cholecystectomy (laparoscopic) with planned IOC/CBD exploration Cholecystectomy (open)	Gentamicin 2mg/kg plus Amoxicillin 1g **
Hernia: Primary inguinal/Epigastric/ Paraumbilical/Incisional (simple)	If there are general risk factors* or local skin infection: Gentamicin 2mg/kg plus Amoxicillin 1g**
Hernia: Recurrent or incisional (complex)	Gentamicin 2mg/kg plus Metronidazole 500mg plus Amoxicillin 1g**

Procedure	Recommendation	MRSA or penicillin allergy
PEG insertion	Co-amoxiclav 1.2g IV	Teicoplanin 400mg IV
PTC/ Chemoembolization	Nil	
ERCP Specific risk factors: Pseudocyst, incomplete biliary drainage, biliary instrumentation	Generally nil. If there are general or specific risk factors*: Gentamicin 2mg/kg ERCP post liver transplant: Gentamicin 2mg/kg plus Amoxicillin 1g**	ECRP post liver transplant in patient with MRSA and/or penicillin allergy: Ciprofloxacin 500mg oral plus teicoplanin 400mg IV

***Risk factors** can be **specific** to the procedure (listed above) or **general**, including immunosuppression, diabetes mellitus, coexisting infections, obesity, poor nutritional state, extremes of age, abdominal wall stoma

****For known MRSA carriage or penicillin allergy**, substitute teicoplanin 400mg IV for amoxicillin

General notes:

Prophylaxis is given in the anaesthetic room within 30 minutes before knife to skin. Antibiotics should be administered immediately after unexpected contamination. Repeat amoxicillin dose at 4 hours if still in surgery or blood loss >1.5l.

Gentamicin: Contra-indicated in myasthenia gravis. Caution in renal impairment. May potentiate effect of non-depolarizing neuromuscular blocking agents Alternative if gentamicin contraindicated: piperacillin-tazobactam 2.25g

Metronidazole: Cautions: pregnancy, breast feeding, acute porphyria

Continuation therapy for peritonitis: Amoxicillin/gentamicin/metronidazole – see Microguide for guidance/alternatives.